

Common Core 3.0

# **200 Level Monitoring & Adapting Block Knowledge and Skills Reinforcement Lab: Managing Change**

Trainee Guide



December 31, 2018

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## Introduction to Common Core

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and Families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

## Curriculum Introduction

The Managing Change: Knowledge and Skills Reinforcement Lab provides information to trainees about the key aspects of monitoring and adapting the case plan, including the analysis of case plan progress and use of best practices with children, youth, young adults and families. It is strongly encouraged that trainees complete all of the Monitoring and Adapting block prior to taking this course.

Some content in this curriculum was informed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice<sup>1</sup>
- Signs of Safety<sup>2</sup>
- Structured Decision making<sup>3</sup>
- Child and family engagement<sup>4</sup>
- Risk and safety assessment research
- Group Supervision and Interactional Supervision<sup>5</sup>
- Appreciative Inquiry<sup>6</sup>
- Motivational Interviewing<sup>7</sup>
- Consultation and Information Sharing Framework<sup>8</sup>
- Cultural Humility
- Trauma-informed practice

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<sup>1</sup> Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

<sup>2</sup> Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

<sup>3</sup> Children's Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

<sup>4</sup> Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

<sup>5</sup> Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

<sup>6</sup> Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

<sup>7</sup> Miller, W.R. & Rollnick, S. (2012). *Motivational Interviewing*, (3<sup>rd</sup> Ed.). NY: Guilford Press.

<sup>8</sup> Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.

# Agenda

Segment 1: Welcome and Introduction to the Training	9:00 – 9:10 am
Segment 2: Review: Monitoring & Adapting the Case Plan	9:10 – 10:20 am
Segment 3: Overview of Activities – Polk / Hernandez Vignette	10:20 – 10:25 am
<b>Break</b>	<b>(15 minutes)</b>
Segment 4: Polk/Hernandez Case Study	10:40 – 11:40 am
Segment 5: Preparing for the Family Team Meeting	11:40 am – 12:00 pm
<b>Lunch</b>	<b>(60 minutes)</b>
Segment 5 (continued): Preparing for the Family Team Meeting	1:00 – 1:35 pm
Segment 6: Polk / Hernandez Family Team Meeting	1:35 – 2:35 pm
Segment 7: Putting it All Together: Personal Learning Plans & Debrief	<b>2:35 – 2:45 pm</b>
<b>Break</b>	<b>(15 minutes)</b>
Segment 8: <b>End of Block Evaluation and Debrief</b>	3:00 – 4:00 pm

# Learning Objectives

## Knowledge

- K1.** The trainee will identify three best practices that impact the following issues with monitoring and adapting case plans, including, but not limited to:
- a. Caregiver Substance Use
  - b. Behavioral Health Issues
  - c. Intimate Partner Violence
  - d. Educational Issues for Youth

## Skill

- S1.** Using a vignette, the trainee will demonstrate critical thinking skills to learn about and respond to change while facilitating or participating in a process that helps support progress, overcomes challenges, and continues to respond to the needs of the child for safety, permanency, and well-being.
- S2.** Using the same vignette, the trainee will:
- a. Demonstrate at least two examples integrating cultural responsiveness and/or trauma informed practice to meet the changing needs of a family.
  - b. Engage the family in conducting the appropriate SDM assessments to evaluate progress and adapt to the changing needs and circumstances of the family.

## Values

- V1.** The trainee will maintain situational awareness and foster best practices, cultural humility, trauma-informed engagement, and teaming to support safety, permanency, and well-being for children, youth, young adults, and families.
- V2.** The trainee will embrace learning about and responding to change, during a collaborative case planning process with families, Tribes, child and family teams, services providers, and family support networks that values the protective capacities, strengths, and underlying needs of children and families; and supports safety, permanency, and well-being for children, youth, young adults, and families.

## Monitoring and Adapting the Case Plan – Phases of Case Planning

Case Planning and Case Management is vital in your work as a child welfare social worker and includes your ongoing work with a family. There are several key phases of the case planning process, including ongoing assessment of the child and family, development of a case plan for the child or family, implementation of the case plan, supporting children, parents and caregivers, monitoring and adapting of the case plan to ensure it meets the changing needs of the child and family, and preparing for each judicial review while maintaining safety, permanency, well-being and a focus on concurrent planning for the child.

*Strategies for each phase of case planning are as follows:*

### Assess the child and family

<b>Assessment is Ongoing</b>	<p>Assessment occurs throughout the life of a case; it begins from the moment a call is received by the child welfare system and continues until the case is closed.</p> <ul style="list-style-type: none"> <li>➤ An ongoing assessment of safety vs. risk is an important part of working with families. Safety is focused on the immediate absence of harm and danger for a child and risk focuses on the family patterns and probability that abuse or neglect may occur in the future.</li> <li>➤ It is important to consider that earlier assessments may have been incorrect or incomplete and be willing to make the necessary changes to case planning based on new information learned from updated assessments.</li> <li>➤ Effective case planning is individualized, strength-based, comprehensive and flexible.</li> <li>➤ The focus of ongoing assessment should be on family strengths and positive engagement to see what they are doing right – looking for the behavioral change that increases safety.</li> </ul> <p>Questions that can inform the ongoing assessment with families:</p> <ul style="list-style-type: none"> <li>➤ Has the case plan been implemented?</li> <li>➤ Is there progress toward the child’s safety &amp; well-being?</li> <li>➤ Is the case plan leading toward change?</li> <li>➤ Are the case plan objectives (outcomes) being met?</li> <li>➤ Is the permanency goal still appropriate?</li> </ul>
<b>California Child Welfare Core Practice Model (CPM)</b>	<p>California Child Welfare Core Practice Model definition of assessment: Assessment is a continuous process of discovery with families that leads to better understanding of the events and behaviors that brought the children and families into services, helps families identify the underlying needs that affect the safety, permanency, and well-being of the family, children, and youth.</p> <p>Assessment practice behaviors: From the beginning and throughout all work with the child, youth, young adult, family, and</p>

	<p>their team to engage in initial and on-going safety and risk assessment and permanency planning.</p>
<b>Engagement</b>	<p>California Child Welfare Core Practice Model definition of engagement: Family engagement is a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of respect— communicating openly and honestly with families in a way that supports disclosure of preferences, family dynamics and culture, and individual experiences, so that the individual needs of every family and child can be met.</p> <p><i>The key to successful assessment and collaboration with families starts with engagement.</i></p> <p>Engagement practice behaviors (adapted from CPM packet):</p> <ul style="list-style-type: none"> <li>➤ Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.</li> <li>➤ Demonstrate an interest in connecting with the child, youth, young adult, and family and helping them identify and meet their goals.</li> <li>➤ Identify and engage family members and others who are important to the child, youth, young adult, and family.</li> <li>➤ Support and facilitate the family’s capacity to advocate for themselves.</li> </ul>
<b>Teaming</b>	<p>Ongoing assessment and case planning with families should be done collaboratively in teams whenever possible, with a focus on engaging the support network.</p> <p>California Child Welfare Core Practice Model teaming behaviors:</p> <ul style="list-style-type: none"> <li>➤ Work with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible.</li> <li>➤ After exploring with the family how their culture may affect teaming processes, facilitate culturally-sensitive team processes and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.</li> <li>➤ Work with the team to address the evolving needs of the child, youth, young adult, and family.</li> <li>➤ Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.</li> </ul>
<b>Minimum Sufficient Level of Care (MSLC)</b>	<p>The Minimum Sufficient Level of Care (MSLC) is a standard for assessing safety and change and assists social workers in systematically considering what the standard was for removal and what the expectations are for return of the child. The MSLC for a child should not change unless there are significant change in the child’s functioning or needs such as a medical issue that requires specialized care, etc.</p>
<b>Structured Decision Making (SDM) Tools</b>	<p>SDM assessment tools are an essential way to help us conduct a balanced assessment in measuring progress toward child safety and well-being.</p> <p>The SDM assessment tools, such as the SDM Risk Reassessment, SDM Reunification Reassessment and SDM Family Strengths and Needs Assessment tools are designed to be used as guides, in conjunction with clinical judgment by social workers and supervisors, increasing the consistency and accuracy of the decision making process.</p>

	<p>It is important to remember that if we don't use best practices (i.e., a trauma informed lens, cultural humility, strength-based approach, teaming, etc.) our tools won't be as effective.</p> <p>The following Structured Decision Making tools are often used while monitoring &amp; adapting the case plan:</p> <ul style="list-style-type: none"> <li>➤ SDM Risk Reassessment</li> <li>➤ SDM Risk Reassessment (In-home, if in Family Maintenance)</li> <li>➤ SDM Reunification Reassessment</li> <li>➤ SDM Family Strengths and Needs Assessment</li> <li>➤ SDM Safety Assessment (if there is a NEW allegation in an open case)</li> </ul>
<b>SDM Risk Reassessment</b>	<p>The purpose of the risk reassessment is to help assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue. This is accomplished through evaluating whether behaviors and actions of the family has changed as a result of the case plan. The family risk reassessment combines items from the original risk assessment with additional items that evaluate a family's progress toward case plan goals. Unlike the initial risk assessment, which contains separate indices for risk of neglect and risk of abuse, the risk reassessment is comprised of a single index.</p> <p>The risk reassessment (in-home assessment) must be completed by the case-carrying social worker on all open cases in which all children remain in the home, or cases in which all children have been returned home and family maintenance services will be provided. The risk reassessment must be completed prior to each required review, which occurs at least once every six months, and any recommendation to close the case or continue services. All cases should be completed sooner if there are new circumstances or new information that would affect risk. The risk reassessment guides the decision to keep a case open or close a case.</p>
<b>SDM Reunification Reassessment</b>	<p>A SDM Reunification Reassessment tool is designed to evaluate each family with children placed outside the home in an effort to reduce the time to achieve permanency. The reunification reassessment tool must be completed by the case-carrying social worker prior to each required review, which occurs at least once every six months, and any recommendation to return the child home into a plan of family maintenance, or continue family reunification services. The reunification reassessment guides this decision by assessing risk, progress of visitation and safety.</p>
<b>SDM Family Strengths and Needs Assessment (FSNA) Tool</b>	<p>The purpose of the Family Strengths and Needs Assessment is to assess the strengths and needs of each individual in the household (caregivers and children). This is an effective engagement tool that can be completed with the family and used to inform the case plan update.</p> <p>It is important to complete the FSNA tool at the beginning of a case and prior to each case plan update to ensure a comprehensive and ongoing assessment of the child and family's current strengths and needs, cultural factors to consider, etc. This information will assist you as you make recommendations for updated or revised services, referrals and community supports.</p>

	<p>Key Question for Social Workers:</p> <p>Are the family's current case plan safety goals, service objectives and action steps aligned with their current strengths and needs identified on the FSNA tool?</p>
<b>SDM Safety Assessment Tool</b>	<p>The SDM Safety Assessment tool may be used when there is a new safety threat or child abuse/neglect allegation that requires an investigation. The SDM Safety Assessment is used during the course of the investigation to determine level of safety for the child. This tool is usually completed by the social worker completing the investigation.</p>
<b>Ongoing Assessment Tasks</b>	<p>In addition to Structured Decision Making, the following additional assessment tasks should be completed on an ongoing basis throughout the life of your work with a family and/or youth.</p> <p>It is important for social workers to understand how important it is, in the phases of case planning, to learn about the family – who they are and why they are involved with the child welfare system.</p> <ol style="list-style-type: none"> <li>1. Use <b>contacts</b> and parent/sibling <b>visitation</b> to assess for progress and good fit. Ensure actions and interactions are <b>documented</b>.</li> <li>2. Build their strengths into a case plan that the family will find relevant and that will address their specific needs with <b>tasks, services and prompts for behavioral change</b>.</li> <li>3. <b>Plan</b> ahead - prepare before meeting with the family and think about key issues ahead of time.</li> </ol> <p>Consider how your own feelings about the family might help or hinder the planning process to:</p> <ol style="list-style-type: none"> <li>1. Identify what can be done to reduce possible negative effects and assess if the feelings are based on the family's situation or their own beliefs.</li> <li>2. Try to identify any cultural issues that may influence the work with the family and plan specific steps to actively address them.</li> </ol> <p>Why is all this important?</p> <p>Families who are actively engaged in the case planning process have better outcomes than families who have a case plan designed for them without their input. Family members should be the primary decision makers for their family in case planning (while not compromising safety).</p>

## Case planning and service delivery (creating, implementing and updating case plans)

<b>California Child Welfare Core Practice Model (CPM):</b>	<p>Definition of Case Planning and Service Delivery:</p> <p>Service planning involves working with the family and their team to create and tailor plans to build on the strengths and protective capacities of the youth and family members, in order to meet the individual needs for each child and family.</p>
<b>Case Planning &amp; Service Delivery</b>	<p>Practice behaviors:</p> <p>Work with the family and their team to build a culturally sensitive plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of</p>

	the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
<b>Monitoring &amp; Adapting the Case Plan / Preparing for Transitions</b>	<p>Definition of Monitoring &amp; Adapting / Transitions: Monitoring and adapting are part of the practice of continually monitoring and evaluating the effectiveness of the plan while assessing current circumstances and resources. It is the part of the planning cycle where the plan is reworked as needed. Transition is the process of moving from formal supports and services to informal supports, when intervention by the formal systems is no longer needed.</p> <p>Practice behaviors: Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.</p>
<b>Updating the Plan: Engaging the Family/youth in the Process</b>	<p>Update the case plan <b>with the family</b>. Ask for their feedback on their progress and include it in the progress notes. Make sure they know in advance what your progress notes will say. Nothing in the update should come as a surprise to the family. In addition to gathering progress information from the family, engage them in a conversation about the services and whether the services are meeting their needs. Be open to collaborate with the family in this regard and empower them to consider the benefits of services and the gaps the services are leaving open while you also express your assessment of the strengths and weaknesses of the current services. Work together to find additional or alternate services to fill the gaps.</p> <p>Review the SDM Family Strengths &amp; Needs Assessment tool with the family to discuss their changing needs and how this may impact their case plan service objectives and ability to be successful. Ensure that any identified cultural factors for the family are addressed and included in the case plan.</p> <p>Conducting a follow-up meeting with the multi-disciplinary or family group conferencing team that assisted in the development of the initial case plan can be very useful to engage the family in the case plan update. Remember to always be considering and discussing with the family or youth who will support them when child welfare closes their case and all the professionals are out of their lives (their natural support systems). Engage the support network in the case planning process as often as possible. Assign roles to the support network to assist the family with being successful in their case plan goals and service objectives.</p>

**Supporting children, youth, parents and caregivers by utilizing  
best practices in child welfare**

<b>Best Practices in Child Welfare</b>	<p>We can best support the children, youth, young adults, parents and caregivers we work with by utilizing best practices.</p> <p>The following best practice approaches have been found to be vital to engaging families in a respectful and ethical way:</p> <ul style="list-style-type: none"> <li>➤ Trauma informed practice</li> <li>➤ Strengths based, solution focused approach and appreciative inquiry</li> <li>➤ Cultural humility</li> <li>➤ Teaming</li> </ul>
<b>Trauma Informed Practice</b>	<p>Trauma informed practice involves an awareness of trauma and its impact on behavior and quality of life in the lives of children and adults. This practice involves a recognition of and empathy for the pervasiveness of trauma and seeks to understand the connection between presenting behavior, thoughts, attitudes, and coping strategies. Additionally, it is crucial to understand the impact of trauma that may be created by being involved with child welfare and to learn ways to acknowledge and try to reduce this impact.</p>
<p><b>Strengths-based Approach</b></p> <p><b>Solution-focused Approach</b></p> <p><b>Appreciative Inquiry</b></p>	<p>A strengths based approach encourages families to become part of the decision-making process and have their strengths and resources acknowledged.</p> <p>A solution-focused approach involves collaborating with the family to identify their ideas of solutions that will work to ensure safety, permanency, and well-being of their child(ren). Solution focused interviewing is part of this approach and includes a set of different types of questions that can be used with families.</p> <p>Types of solution focused interview questions include:</p> <ul style="list-style-type: none"> <li>• The Three Questions (what’s working well, what are we worried about, what needs to happen next)</li> <li>• Exception questions</li> <li>• Scaling questions</li> <li>• Miracle questions</li> <li>• Coping questions</li> <li>• Preferred future questions</li> </ul> <p>Appreciative inquiry involves a collaborative exploration into the “best” of people, their relationships, and the world around them. This practice is the opposite of “problem-solving” and seeks to instill hope in families by focusing on what is going right and well in their lives. What we pay attention to grows and by paying attention to what’s working instead of focusing solely on what’s not working, social workers can contribute to positive change in individuals, groups, and organizations.</p>
<b>Cultural humility</b>	<p>Cultural humility involves a humble approach to working with families and demonstrating a belief that families are the experts of their unique qualities and characteristics.</p> <p>A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives in order to facilitate well-being and promote improved quality of life. Such a perspective frees the observer from having to possess expert knowledge in order to maintain knowledge-based</p>

	power, control, and authority over matters about which diverse populations are far more knowledgeable (Tervalon, M., and Murray-Garcia, J., 1998)
<b>Teaming</b>	<p>Teaming includes:</p> <ul style="list-style-type: none"> <li>➤ working with the family to build a supportive team that engages family, cultural, community and Tribal connections as early as possible</li> <li>➤ facilitating the team process and engaging the team in planning and decision-making with and in support of the child, youth, young adult, and family;</li> <li>➤ working with the team to address the evolving needs of the child, youth, young adult, and family; and</li> <li>➤ working collaboratively with community partners to create better ways for children, youth, young adults and families to access services.</li> </ul>

## Preparing for Judicial Review

<b>Analyzing Source Information and Case Plan Progress</b>	<p>It is important to prepare for judicial review by evaluating and assessing all available source information related to the case. Source information is any information we have for a case that is first hand. It may be:</p> <ul style="list-style-type: none"> <li>➤ Reports from service providers or individuals involved with a case.</li> <li>➤ Interviews with the child, youth, young adult and/or family</li> <li>➤ Collateral reports such as interviews with care providers and members of the support network</li> <li>➤ Case management tools / assessment tools such as SDM tools</li> <li>➤ Social worker's objective narrative</li> <li>➤ Visitation reports</li> </ul> <p>Why do we gather this information?</p> <ul style="list-style-type: none"> <li>➤ To help us assess a child's safety and well-being</li> <li>➤ To help us assess a child's progress toward permanency</li> <li>➤ To help us assess a family's progress toward the case objectives</li> <li>➤ To determine service effectiveness, underlying concerns, and possible barriers</li> </ul> <p>When do we gather it?</p> <ul style="list-style-type: none"> <li>➤ We should be gathering information about a child and family we're working with as a part of our regular, ongoing assessment.</li> <li>➤ Every family or child visit and every meeting with a service provider is an opportunity to gather information.</li> <li>➤ There are also mandated times to pull together gathered information in a formal report such as when it's time for a judicial review.</li> </ul> <p>What do we do with all this information we have gathered?</p> <ul style="list-style-type: none"> <li>➤ We want to analyze it to help give us the key information we need to determine how things are going with a child and family in child welfare.</li> <li>➤ A child's journey in child welfare requires that a team of people including the family and social worker make ongoing decisions to ensure that the case reaches an</li> </ul>
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	<p>appropriate resolution. These decisions need to be informed by assessment information.</p> <p>Child welfare cases are complicated and source information may conflict. Sometimes we don't get the depth of information we might have wished for with certain sources. It is about looking at the superficial questions the source material might answer—how many visits, timeliness, etc. This analysis is about asking questions: thinking about what we want to know, what are we curious about and what key points do we think the source information can make?</p> <p>Different sources will offer different types of information. We might get more about parent/child interactions from the visitation log than a collateral contact report. We want to look for information that will be relevant for our task at hand—to determine the progress a family is making, and to inform our decisions. We also want to watch for and guard against our own biases in analyzing source information. And we want to make sure we are mindful of the Minimum Level of Sufficient Care (MLSC) criteria when we analyze source information.</p> <p><b><i>Questions to consider from each type of information:</i></b></p> <p><b>SDM tools</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> What are the family's updated strengths and needs?</li> <li><input type="checkbox"/> Have they changed?</li> <li><input type="checkbox"/> Has the risk been reduced?</li> <li><input type="checkbox"/> Based on the current circumstances, what does the Reunification Reassessment recommend?</li> </ul> <p><b>Family interviews</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> What are the perspectives of each family member?</li> <li><input type="checkbox"/> What do family members see going well; what are their worries?</li> <li><input type="checkbox"/> How do these different perspectives fit together, particularly the mother's and father's?</li> <li><input type="checkbox"/> Is their safety network helping to increase safety for the family? Are they using their safety network? When? Has this changed?</li> </ul> <p><b>Visitation log</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are the parents attending visits consistently?</li> <li><input type="checkbox"/> What is the quality of the visits?</li> <li><input type="checkbox"/> Are the parents able to demonstrate positive behavior change and effective parenting skills in visits?</li> <li><input type="checkbox"/> How did the parents respond to challenging times and difficult behaviors during visits?</li> <li><input type="checkbox"/> How does each child respond to the visits?</li> <li><input type="checkbox"/> Is there a pattern to when things go well? Poorly?</li> </ul> <p><b>Collateral reports / Delivered services log (aunt's concerns)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are the parents attending their services? Are there concerns? Are they demonstrating new skills learned in classes?</li> <li><input type="checkbox"/> Do the parents seem to be engaged in services?</li> </ul>
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## Multicultural Guidelines for Communicating Across Differences<sup>9</sup>

Try things on	• <b>Try on</b> each other's ideas, feelings, and ways of doing things for the purpose of greater understanding. Keep what you like and let go of the rest at the end of each interaction, discussion, session.
It's OK to disagree	• <b>It's okay to disagree and NOT okay to blame, shame, or attack ourselves or others because</b> of our differences. One of the necessary ingredients for differences to be expressed and valued is that people let go of the need to be, think, or act the same.
"I" statements work!	• Begin by <b>talking about your own experience</b> . It is helpful to make "I" statements when speaking about your experience, rather than saying "you", "we," or "someone." When you intend to refer to others, be specific about them by name or group. This invites and creates space for multiple perspectives to be shared especially when they are different than yours.
Intent and impact matter	• Be aware that <b>your good intentions may have a negative impact</b> , especially across racial, gender, or other cultural differences. Be open to hearing the impact of your statement.
Think both/and	• Look for ways to <b>fit ideas together</b> and not set up an "either/or" process or a competition between ideas. Look for the existence of many truths from the perspectives of the many cultural backgrounds involved or that you are serving.
Process and Content	• <b>Notice both process and content</b> during work sessions. Content is what we say, while process is how and why we say or do something and how the group reacts. Notice who is active and who is not, who is interested and who is not, and ask about it.
Confidentiality	• <b>Confidentiality</b> with regard to personal sharing is important. Allow others to tell their own stories. Ask first to see if an individual wants to follow up on the initial conversation. Do not use any information shared negatively toward a progress report or against a supervisor.
It's OK to be uncomfortable	• <b>Learning from uncomfortable moments</b> is an important part of this process, so pay attention to your feelings.

<sup>9</sup> Adapted from the Multicultural Tool created by VISIONS, Inc.—added info by Amy Cipolla-Stickles. VISIONS, Inc. is a nonprofit training and consulting enterprise providing a variety of services that support organizations, communities, and individuals as they continue to clarify their diversity-related goals and engage in a dynamic process of multicultural development. VISIONS, Inc. was established in 1984 as a nonprofit, educational organization. Today it is a 501(c)(3) entity with offices in Roxbury, Massachusetts and Rocky Mount, North Carolina and is supported by a team of consultants around the United States and abroad. [www.visions-inc.org](http://www.visions-inc.org)

## California Child Welfare Core Practice Model Practice Behaviors

- Listen and demonstrate that you care
- Demonstrate that you are interested in helping service recipients reach their goals
- Identify and engage others who are important to the families/youth you are working with
- Engage initial and ongoing safety and risk assessment
- From the beginning, work with family to build supportive teams that include family, tribal, cultural and community connections
- Learn from a family how to work with them from a culturally sensitive place
- Work with team as the families/youth needs evolve
- Work collaboratively with community partners to create better service delivery and accessibility
- Work with family on those things that caused the child/children to be unsafe
- Work with the family/youth/team to prepare for changes ahead of time

## Polk/Hernandez Vignette

### POLK / HERNANDEZ VIGNETTE – History up to today

You will have first been introduced to this vignette in the Common Core 3.0 Deepening Assessment Skills, Assessment Block 200 Level Curriculum, and again in the Common Core 3.0 Case Planning & Service Delivery 200 Level Curriculum. For the most part the vignette is the same, but there are some differences. The major change is that the vignette shifts from successful reunification, to a removal and a change from the permanency plan of reunification to the concurrent plan.

Information category	Summary of Polk/Hernandez Family Information
<b>Overview of the family and their support network (current time)</b>	<p>Gloria Hernandez – age 33 – Mother, Hispanic  William Polk – age 35 – Father, African American  Samantha Polk – age 15 – Daughter, African American/Hispanic  William Polk, Jr. – age 8 – Son, African American/Hispanic  Amalia Polk – age 2 – Daughter, African American/Hispanic</p> <p>Support Network &amp; Ecomap:</p> <ul style="list-style-type: none"> <li>Family is very connected to Mr. Polk's side of the family, having several aunts, an uncle, and the paternal grandmother living close by.</li> <li>No Native American heritage</li> <li>Family connected to church and pastor</li> <li>Ms. Lacey, Amalia's daycare provider</li> <li>Neighbors Taylor and Ms. Powell</li> <li>AA Sponsor Steve, Gary</li> <li>Parker Elementary, Juan friend</li> <li>Church, Pastor John Dunbar, Ms. Lakota</li> </ul>
<b>Initial referral</b>	<p>The Child Abuse Hotline received a report that Amalia had suspicious bruises on her buttocks and back at daycare today. The daycare provider, Michelle Lacey, reported that Amalia seemed fussier than usual today. When they changed Amalia's diaper, they noticed that she had bruising on her back and buttocks. They did not notice any bruises yesterday. The daycare provider asked the mother, Gloria Hernandez, about the bruises and she could not explain how they happened. The daycare provider was concerned that Amalia may have been physically abused.</p> <ul style="list-style-type: none"> <li>SDM Hotline Tool completed</li> <li>Screening criteria: <i>Physical Abuse – Non-accidental or suspicious injury (Other injury)</i></li> <li>Response priority: <i>24 hour response</i></li> </ul>
<b>CWS History</b>	<p>Three prior referrals and one prior case from when Samantha was little</p> <ul style="list-style-type: none"> <li>Two for general neglect and one was substantiated for physical abuse of Samantha</li> <li>Ms. Hernandez was abusing prescription drugs; Mr. Polk was drinking alcohol to excess</li> <li>Family had two intimate partner violence incidents that were reported and</li> </ul>

	<p>allegations that Samantha was not being supervised or fed</p> <ul style="list-style-type: none"> <li>▪ During one of the intimate partner violence incidents, when Samantha was two years old, Ms. Hernandez was holding Samantha and Mr. Polk struck Samantha in the face while he was swinging at Ms. Hernandez. Samantha was removed from their custody.</li> <li>▪ Both parents completed their substance abuse treatment and intimate partner violence treatment and reunified with Samantha after 9 months.</li> <li>▪ Since that time the family has not had any additional referrals.</li> </ul>
<b>Criminal History</b>	<ul style="list-style-type: none"> <li>▪ Mr. Polk has one arrest for a DUI when he was 20 and another arrest for Battery for the incident in which Samantha was hit. Mr. Polk served 3 days in jail and then was released on probation.</li> <li>▪ Ms. Hernandez does not have any criminal history.</li> </ul>
<b>Background</b>	<p>The initial SDM Safety Assessment determined that the children were Safe with a Plan (<i>Use of family, neighbors, or other individuals in the community as safety resources, Have the alleged perpetrator leave the home, either voluntarily or in response to legal action</i>). After the safety assessment was completed and consultation held with the supervisor, it was determined that a safety plan would be needed.</p> <p>A Safety Planning Meeting was held with the family, where it was determined that Mr. Polk would remove himself from the home with the Ms. Hernandez and the children, and live with his Aunt Leann. He also agreed that he would not be alone with Amalia during this time. Ms. Hernandez agreed to call on Aunt Leann or Ms. Powell to watch Willy and Amalia if she had to be at work. Aunt Leann and Pastor John agreed to supervise any contacts or family time between Mr. Polk and Amalia.</p> <p>Two weeks after the safety plan was initiated, Ms. Hernandez needed to go to work but could not reach Ms. Powell, Pastor John, or anyone else to watch Amalia and Willy. She then called Mr. Polk, who agreed to come and watch the children. Ms. Hernandez smelled beer on Mr. Polk, but had to leave for work. While Ms. Hernandez was gone, Amalia was not listening to Mr. Polk. Willy stated that Mr. Polk then took off his belt and started to hit Amalia. Samantha came home from her school event and walked in when Mr. Polk was hitting Amalia. Samantha tried to intervene and then Mr. Polk hit her on the face with the belt. Samantha called Pastor John, who came over to the house to be with the children until Ms. Hernandez came home. Mr. Polk left the house. Pastor John called the social worker to inform CWS of the recurrence of maltreatment.</p> <p>The updated SDM Safety Assessment determined that the children were Unsafe (<i>Child placed in protective capacity because interventions 1-10 do not adequately ensure the child's safety</i>). In addition, the SDM Risk Assessment Risk Level was Very High Risk., and this was promoted to a case. The children were re-detained and stayed with Pastor John and his wife for a few days while Aunt Leann was assessed as an alternative placement. At the Jurisdictional/Dispositional hearing, 1) Reunification services were offered to both parents and 2) The social worker recommended placement of the children with Aunt Leann (which subsequently occurred, until the 6 month review hearing).</p> <p>After completing the Reunification Reassessment, assessing the current progress, strengths,</p>

	<p>and needs of the family – and consulting with the social worker’s supervisor – at the 6 month review hearing, the social worker recommended the children be returned to Ms. Hernandez and that Ms. Hernandez be permitted to supervise visits with Mr. Polk. The court authorized 1) the children to return to the home of Ms. Hernandez, 2) unsupervised visits with the father, and 3) contingent upon successfully visits with the father, authorization for the father to return to the home.</p> <p>Another Family Team Meeting was being held to discuss the safety plan before returning the children home to Ms. Hernandez, to develop a visitation plan for the father, and ensure there was a transition plan to support the safety, permanency, and well-being of the children.</p>
<b>Where We Are Now:</b>	<p>After 9 months post-detention, a second reunification reassessment was completed and Mr. Polk was allowed to move back into the home after successful unsupervised visits with the children.</p> <p>Within a month of returning to the home, Mr. Polk relapsed and started to drink again.</p> <ul style="list-style-type: none"> <li>➤ Ms. Hernandez was aware that Mr. Polk was drinking and his anger was out of control.</li> <li>➤ While the mother was at work, Mr. Polk had been drinking and spanked Amalia with a belt. Willy tried to intervene and Mr. Polk hit Willy several times with the belt on his arms and face.</li> <li>➤ The children were removed from Ms. Hernandez and Mr. Polk with a 387 Petition. The children were returned to the home of resource parent Aunt Leann</li> <li>➤ Updated SDM Safety Assessment <ul style="list-style-type: none"> <li>○ Child Vulnerabilities: <i>age 0-5</i></li> <li>○ Safety threats: <i>physical abuse, lack of supervision and prior history</i></li> <li>○ Complicating factors: <i>Dad’s substance use</i></li> <li>○ Supporting Strengths: <i>Caregiver problem solving, Caregiver support network, Child problem solving, Child support network</i></li> <li>○ Protective Actions: <i>Caregiver problem solving, Caregiver support network</i></li> <li>○ Safety Decision: <i>Unsafe (Child placed in protective custody because interventions 1-10 do not adequately ensure the child’s safety)</i></li> </ul> </li> <li>➤ SDM Risk Assessment <ul style="list-style-type: none"> <li>○ Risk level: <i>Very High Risk</i></li> <li>○ Recommended decision: <i>Promote to a case</i></li> </ul> </li> <li>➤ SDM Reunification Reassessment <ul style="list-style-type: none"> <li>○ Risk Level: <i>Very High</i></li> <li>○ Safety Assessment: <i>Unsafe</i></li> <li>○ Recommendation: <i>Terminate family reunification services; implement permanent alternative</i></li> </ul> </li> <li>➤ Recommendations: <p>After completing the Reunification Reassessment, assessing the current progress, strengths, and needs of the family – and consulting with the social worker’s supervisor, the department recommended that family reunification services be terminated and the children remain in a plan of permanency with resource parent Aunt Leann.</p> </li> </ul>

	<ul style="list-style-type: none"> <li>➤ At the Jurisdiction/Disposition Hearing, services were not offered to either parent, and the court ordered that the social worker explore permanency with the family.</li> </ul>
<b><i>Permanency Planning / Case plan update</i></b>	<p>Social worker tasks following the 387 petition hearing and subsequent Juris/Dispo hearing:</p> <p>Engage in teaming activities (which may include a Family Team Meeting and/or conversations with the family and their support network) with the following goals:</p> <ul style="list-style-type: none"> <li>➤ Assess the current circumstances of the family and support network</li> <li>➤ Determine the current needs of the children based on an updated SDM Family Strengths and Needs Assessment</li> <li>➤ Hold a Family Team Meeting with the following purpose/goals: <ul style="list-style-type: none"> <li>○ Prepare an updated case plan for the children with the goal of a permanent plan with resource parent Aunt Leann</li> <li>○ Develop a visitation plan with the parents in order to maintain important familial and community connections for the children while ensuring their physical and emotional wellbeing.</li> <li>○ Ensure there is a transition plan that will reduce trauma to support the safety, permanency and well-being of the children.</li> </ul> </li> </ul> <p><b><u>Members of the team / support network:</u></b></p> <p>Bill (social worker), Mary (supervisor), Ms. Hernandez (mom), Mr. Polk (dad), Samantha (daughter), Willy (son), Ms. Lacey, Aunt Leann, Grandma Beverly, Uncle Sal, Coach Rebecca, Mr. Hopkins, Ms. Lakota, Ms. Powell, Pastor John.</p> <p><b><i>Perspective of each team member:</i></b></p> <p><b>Bill (social worker):</b> You are the family reunification worker; you have an established relationship with the family and will continue to support them in this transition. You know that the family members are all distraught over what has happened. You are also feeling overwhelmed, questioning your decision making, and dealing with your own reactions to the family not being able to successfully reunify. You have consulted with your supervisor ahead of time and feel prepared to facilitate the Family Team Meeting. The purpose of the meeting is to develop a visitation plan for the parents and to assess and discuss the need to adapt the children's case plan goals and objectives based on the SDM Strengths and Needs Tool and the Ecomap you developed with Willy and Samantha.</p> <p>You have several questions for the family and their network, such as:</p> <ol style="list-style-type: none"> <li>1. What support system does the family have in place and how will they support the family to ensure the children's safety?</li> <li>2. How can we continue to honor you as parents as we move forward in recommending the children be placed permanently with Aunt Leann?</li> <li>3. How can the team best support the children in this transition?</li> </ol>

**Mary (social work supervisor):** You are the supervisor of Bill, the family reunification worker. Bill has shared many details with you about this family and he uses a strengths based approach with the families he works with. You have a positive working relationship with Bill and trust his judgments. You both discussed his own personal reactions to this change in direction in the case and his disappointment in the father for once again abusing the children in this way.

**Ms. Hernandez (mother):** The mother of Samantha, Willy, and Amalia, you are a hard worker and a loving mother, but you have past substance abuse issues and you have had issues in the past protecting Amalia from her father when he became angry with Amalia for not listening. You did well in services and were happy to see William, the father, open up to looking at his angry and dangerous reactions to the children, especially Amalia, who is very strong willed, when he drinks. You knew that William had started drinking beer again and that he was beginning to yell at the children more. You wanted to ask for help from your social worker, Bill, as you believe he supports your family, but you didn't want to make the situation worse for William. You were hoping you could talk to him and to Uncle Sal and that he would get back on track. He had been doing so well. You appreciated Aunt Leann for caring for your children but you know that they need you now more than ever.

**Mr. Polk (father):** The father of Samantha, Willy, and Amalia, you work several odd jobs such as auto repair with your uncle and a driver for Uber. You were doing well during family reunification, parent class and substance abuse treatment. Shortly after the case went to Family Maintenance you began drinking again – only a beer or two at first, but during the last incident you had begun drinking whiskey again. The stress of not being able to provide for your family, dealing with conflicting feelings about how to raise your children, and your strong belief that kids must obey their parents or they won't make it in society led to the drinking and increased drinking. You are angry about the fact that the county wants to take your children away permanently. You feel guilty for your out of control behavior with Willy.

**Samantha, age 15** – You wish you could be at home with your parents, but if you can't then Aunt Leann is where you want to be. You are happy that you are staying in the same school, as Coach Rebecca continues to be a mentor. You are mad at your mother and feel that your mother is at fault for all of this because if your mother had stayed home from work like she agreed to none of this would have happened. You are also upset that you have not been allowed to watch your siblings. You are tired of having to move and have begun to withdraw more from your friends. You have just been focusing on dance and stay in your room most of the time when you're home.

**Willy, age 8** – You have a best friend, Mitchell, who lives next door to where you lived with your parents. You play baseball together, and Mitchell's dad, Jim is the coach, who you have become very close to. You have spent the night at Mitchell's home on several occasions. You like spending time with Mitchell and his family and you are worried that since your Aunt Leann lives on the other side of town you will not see them anymore. You love living with your Aunt Leann and you are happy that you are going back to your old school. You miss your dad and mom a lot, but see them sometimes. You think that if you had not gotten hit with the belt no one would have ever known and you would still be living with your parents. You feels guilty for your family not being together, but you are happy you helped Amalia. You are also feeling angry and have gotten into trouble at school for fighting. You are refusing to see your father at this time.

**Aunt Leann (paternal aunt and resource parent)** – You are William Polk's sister. Following the original Juris/Dispo hearing, Willy and Amalia were placed with you. You are more than willing to have the kids with you and will provide permanency for them if that is what you have to do to keep them from being in the “system.” You are angry with your brother and can’t believe he did the same thing again knowing what would happen. You support the children's mother Gloria and would like to see the kids be able to be with her, but you think Gloria needs some time to decide if she is willing to leave William. Most importantly, you will do whatever the department wants you to do to keep the kids safe and with family.

**Ms. Lacey (daycare provider)** – Amalia and William's daycare provider, you can continue to provide daily childcare for Amalia until 5:30pm and for Willy after school until 5:30pm, Monday through Friday. You have seen a lot of strengths in the children and are invested in their well-being because you have been a part of their life for quite some time.

**Uncle Sal (paternal uncle)** – As the brother of William Polk, you have been his primary support. William really looks up to you even though you're his younger brother. You have been in recovery for eight years. Although you're devastated by the children being removed again and about William's relapse, you believe strongly that families need to stay together and know that William can continue to improve. You do support the children being taken out of the home and placed with your sister Leann, but you don't think they should be adopted.

**Ms. Lakota** – A church friend of Ms. Hernandez, you are very proud of Ms. Hernandez. You swap recipes with Ms. Hernandez and have learned together to make delicious pupusas. You used to be a drug and alcohol counselor and are open to helping the community. You do not believe in physical discipline and do not support Mr. Polk. You believe Ms. Hernandez needs to leave him and you are willing to support her.

**Mr. Hopkins (Educational liaison at the school district)** – The educational liaison for the school district, you have been working with the social worker during the life of this case. The children have already changed schools once and you are concerned about their ongoing educational needs. Willy has been acting out at school recently and got in a fight last week. You want to be sure the kids can stay in their current schools and you can offer transportation assistance.

**Rebecca (Samantha’s dance coach)** – You will work with the school to help Samantha to continue to get a scholarship for dancing. You think Samantha is good enough to attend State trials this year and perhaps get a scholarship for Juilliard. As a retired Olympian, you see promising talent in your student.

**Beverly (paternal grandmother)** – You want your son William Polk to come back and live with you. You are disappointed in what happened but also very worried about William's emotional well-being; he may give up on everything now that the kids have been taken away again. You agree that Leann should have the children because you aren't sure Gloria can handle them alone. You believe part of the problem is that William felt the need to over discipline because Gloria was too lenient with the kids. You are the pillar of your family. Everyone comes to you for advice, but you are not pushy and tend to let people make mistakes rather than force your agenda. However, you are very worried about your grandkids, your son and also Gloria. You understand the impact of trauma because you have lived through it with your own children. You don’t want to see your grandchildren repeat the cycle of abuse and alcoholism you have seen with your own husband and son William.

	<p><b>Ms. Powell</b> – You have always been close with Samantha and are willing to help with all three kids and would like to maintain a relationship with them.</p> <p><b>Pastor John</b> – You are very busy with a large congregation, but you have a support group that is committed to the mother, Ms. Hernandez. As a result, Ms. Hernandez has a larger circle of support that is willing to help her whenever she needs it. You are willing to help as you can.</p>
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## Helpful Types of Questions for Finding Solutions<sup>10</sup>

Type of question	Why it's helpful	Examples	Tips
<b>Open ended questions</b>	<u>A</u> llow the widest range of responses. Answers typically reveal a person's frame of reference, and how they think about their life and situation.	<ul style="list-style-type: none"> <li>• <i>Can you tell me a little about your children (your relationship with your husband, etc.)?</i></li> <li>• <i>What are you most proud of about your children (your parenting, yourself, etc.)?</i></li> <li>• <i>Can you say a little bit more about that? I didn't quite understand.</i></li> </ul>	
<b>Who, what, when, where and how questions</b>	Provides structure and sets up parameters for the information you need.	<ul style="list-style-type: none"> <li>• <i>What happened when you decided not to drink?</i></li> <li>• <i>When you decide to count to 10, what will you do differently?</i></li> <li>• <i>How do you get yourself out of difficult situations? What helps the most?</i></li> <li>• <i>How will you make sure your children are safe in the future?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Avoid "why" questions because, within a child protection context, they tend to make people defensive (i.e., "why did you make that decision?"). Use "how come" instead of "why".</li> <li>• When talking about future changes, always ask WHEN rather than IF, because it implies trust that change will occur, and it's just a matter of time.</li> </ul>
<b>Coping questions</b>	Conveys understanding of the difficulties s/he is experiencing while recognizing his/her strengths and resources.	<ul style="list-style-type: none"> <li>• <i>How are you doing as well as you are with all the things going on in your life?</i></li> <li>• <i>Having four children must be stressful. How do you keep going day after day? What helps?</i></li> <li>• <i>Considering how long you've been drinking and how tough the week has been, it must have been challenging to stay sober for the whole week. How did you do it?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Think "How do you do it?" and "How come it's not worse?"</li> </ul>

<sup>10</sup> From Berk, I.K., and Kelly, S. (2000). *Building Solutions in Child Protective Services*. New York: W.W. Norton & Company.

<b>Relationship questions</b>	Encourage thinking about how others would describe them or their behavior. Heighten a person's awareness of how their behaviors impact people important to them.	<ul style="list-style-type: none"> <li>• <i>What do you think your children would say they like best about when you are sober?</i></li> <li>• <i>What do you think your son would say he felt when he saw your hitting his mother?</i></li> <li>• <i>What would your daughter say that it took you to get out of bed this morning?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Especially helpful with individuals whose behaviors are more harmful to others than to themselves (i.e., verbally and physically abusive parents, people who claim to have no control over their behavior, etc.).</li> <li>• The third example is a type of relationship question that can be particularly helpful when people express that they feel unable to make even a small change (due to depression, hopelessness, etc.).</li> </ul>
<b>Exception-seeking questions</b>	Help a person slow down and consider moments when they made a choice not to (hit their child, or take a drink).	<ul style="list-style-type: none"> <li>• <i>Tell me about times when your wife didn't have dinner on the table when you came home, but you didn't end up giving her a black eye. How did you decide to respond differently?</i></li> <li>• <i>You've told me that you hit your daughter because she wouldn't stop crying. Have there been times when she's cried a lot and annoyed you, but you didn't hit her? Can you tell me about that?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Answers may seem insignificant to you or the other person, but they provide a place from which to build more safety.</li> <li>• If the person can't seem to answer your exception seeking question, ask "What would your (wife, husband, child, best friend) say about how you managed to walk away rather than striking out?"</li> </ul>
<b>Scaling questions</b>	Gauge confidence, hopefulness, safety, willingness to take action, and many other topics that are difficult to describe with words.	<ul style="list-style-type: none"> <li>• <i>On a scale from 1 to 10, where 10 stands for "completely confident or certain", and 0 stands for "not sure at all," where would you put yourself in being able to follow through on the safety plan we just developed?</i></li> <li>• <i>On a scale from 1 to 10, where 10 is "I'm definitely going to go to the batterer intervention program" and 1 is "I'm not at all sure I'm going to go" where would you put yourself? Why? How could you be more certain that this is what you're going to do? What will it take to move you up one notch?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Scaling questions are helpful for "taking the pulse" of a group of people about the level of safety of children they perceive. Go around the room and ask each person where they are on the scale from "Perfectly safe, no worries" to "I think this child is in real danger". Then ask what people would need to see to move one step closer together.</li> <li>• "Clients" tend to give themselves higher ratings than "professionals" do. Ask people (clients and professionals) to provide their thinking or reasoning for the number they gave.</li> </ul>

<b>Miracle or Hoped-for Future question</b>	Helps people generate descriptions of their dreams, visions, and aspirations for their lives, which then become part of the intervention goals.	<p><i>Most effective way to ask:</i></p> <ul style="list-style-type: none"> <li><i>You'll be going home later to do the things you need to do, like making dinner, putting the kids to bed, and so on. Imagine that when all of your family members are sleeping tonight and the house is quiet, in the middle of the night a miracle happens. The miracle is that all of the problems you have with your children (or that other people think you have) are solved. Because this happens while you are sleeping, no one knows that the problems have been solved. So, when you are just waking up, what differences will you notice that make you wonder if there was a miracle overnight? What will it look like?</i></li> </ul>	<ul style="list-style-type: none"> <li>May be difficult for people to respond to initially. Have patience.</li> <li>If the person responds in a way that is blaming of someone else, use other types of questions to generate self-reflection. (i.e., "My son would be calm and like a different kid," would merit a follow-up such as, "Okay, so he'll be calm. What do you suppose he would say about how you will be different tomorrow morning?")</li> </ul>
<b>How is that helpful? How helpful is that? How well does that work?</b>	Implies that the person must be trying to help him/herself. Also interrupts their expectation that they will once again be told that what they are doing is wrong.	<ul style="list-style-type: none"> <li><i>So how is your drinking helpful to you in your life?</i></li> <li><i>How well does hitting your son work to get him to stop his annoying behaviors?</i></li> <li><i>How helpful is it to your goal of reducing your financial stress for you to prohibit your wife from working at a paid job?</i></li> </ul>	
<b>How do you know he/she can do this?</b>	Engages a person in a different way of thinking, so interrupts patterns of thought that may have contributed to the problem.	<ul style="list-style-type: none"> <li><i>You know your son well enough to believe that he can learn to be respectful and stop telling you that he hates you. What do you know about him that makes you believe he can do this?</i></li> </ul>	<ul style="list-style-type: none"> <li>Especially helpful when a parent has unrealistic expectations of a child.</li> <li>Allows opportunity for validation of prior efforts, exploration of how well those efforts have worked, and planning new strategies for encouraging desired behaviors.</li> </ul>

<b>What else?</b>	Encourages a person's participation in development of solutions, and enhances self-esteem. Helps person identify their own strengths and resources.	<ul style="list-style-type: none"> <li>• <i>What else did you do to try to keep him away from you? How well did that work? What else?</i></li> <li>• <i>What else do you need to do to make sure that you can stay sober for the next week?</i></li> <li>• <i>How else will you make sure you can "hold your tongue" so that your daughter will feel safe with you?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Ask this frequently and persistently to uncover a full picture of what a person has already done or tried to improve the situation.</li> </ul>
<b>Then what did you do? What happened next? How does that usually go?</b>	Helps focus on behaviors and decisions (and patterns in some cases) rather than thinking in generalities.	<ul style="list-style-type: none"> <li>• <i>So you said your husband came home drunk and you got angry. What did you say to him? What did he say to you?</i></li> <li>• <i>You said your son went into his room and blasted his music after you told him to do his homework. What did you do after he went into his room? Then what?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Use opportunities that arise in the description of what happened to ask questions such as "What do you think your son would say he was feeling at that point?" or "How do you think your yelling that you were going to kill her sounded to the children?"</li> </ul>
<b>What have you thought about doing?</b>	Empowers a person to generate their own solutions, even if they have not taken action.	<ul style="list-style-type: none"> <li>• <i>So I hear that you want your relationship with your wife to be better. What have you thought about doing to make that happen?</i></li> <li>• <i>I know you said that you can't stop yourself from hitting your child when you're angry. What else have you thought about doing?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Avoid telling people what YOU think they should/could do, because they are far more inclined to do the things that THEY come up with themselves.</li> <li>• Ask frequently.</li> </ul>
<b>Suppose ...?</b>	Helps a person not feel stuck, helps them imagine a different future.	<ul style="list-style-type: none"> <li>• <i>Suppose your son had the better attitude that you want him to have. What would change between the two of you?</i></li> <li>• <i>Suppose your mother doesn't give you the help you need. What else could you do to get that support somewhere?</i></li> </ul>	

## Structured Decision Making (SDM) and Ecomap Activity Worksheet

### Structured Decision Making (SDM) Family Strengths and Needs Assessment Tool for Polk / Hernandez Children

<b>Category</b>	<b>Willy, age 8</b>	<b>Samantha, age 15</b>
Race / Ethnicity		
Tribal Affiliation		
Sexual Orientation		
Gender identity / expression		
Religious / Spiritual Affiliation		
Other cultural identity		
Household Context		
<b>Child/youth domains:</b>	Choose: a, b, c, or d	Choose: a, b, c, or d
Emotional/behavioral health	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Trauma	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Child Development	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Education	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Social Relationships	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Family Relationships	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Physical Health/Disability	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Alcohol/Drugs	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Delinquency	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Relationship with Substitute Care Provider	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Independent Living (if age 15.5 or older)	N/A	N/A – Just turned 15
Preparation for adulthood (if age 15.5 or older)	N/A	N/A
Other identified Child/Youth/Young Adult Strength or Need	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>Priority Needs (d's, then c's)</b>		
<b>Priority Strengths (a's)</b>		

## **Observer Notes (strength-based feedback):**

*What worked well:*

*Challenges:*

*Upgrades or next steps:*

## Polk/Hernandez Ecomap



## Preparing the Family for the Family Team Meeting – Prior to the Meeting

### PRIOR TO THE MEETING

<b>Pre-planning</b>	<p><b>Review the Agenda for the Family Team Meeting:</b></p> <p><b><u>Introductions and identifying the situation</u></b></p> <ol style="list-style-type: none"> <li>1. Introductions/Check-in</li> <li>2. Purpose of this meeting</li> <li>3. Group agreements including confidentiality</li> </ol> <p><b><u>Assessing the Situation and Developing Ideas</u></b></p> <ol style="list-style-type: none"> <li>4. Family strengths/What is working</li> <li>5. Family challenges/Worries</li> </ol> <p><b><u>Reach a Decision</u></b></p> <ol style="list-style-type: none"> <li>6. Action planning</li> <li>7. Next steps</li> </ol> <p><b><u>Feedback/Closing</u></b></p> <ol style="list-style-type: none"> <li>8. Plus/Delta and closing</li> </ol>	<p>The Family Team Meeting Agenda HOLDS any meeting process.</p>
<b>Worker preparation with the family</b>	<p><b>Prepare the family for the meeting:</b></p> <p>Provide the family with information in advance on</p> <ul style="list-style-type: none"> <li>▪ the purpose of the meeting,</li> <li>▪ how long it will last,</li> <li>▪ who they want to invite to the meeting based on the information provided, and</li> <li>▪ what will happen if they choose not to participate.</li> </ul>	<p><b>How to do this:</b></p> <p>Provide written information on the process and the purpose in advance of the meeting.</p> <p>If safety is a concern, plan separate meetings for family members and use care in explaining the need for separate meetings.</p>
<b>Pre-meeting safety check-in (privately, with each individual family member) by facilitator or CPS staff person. Plan in advance.</b>	<p><b>Ask:</b></p> <ol style="list-style-type: none"> <li>1) Are there court orders that prohibit contact between you and anyone else here for the meeting?</li> <li>2) Is there anything we need to be aware of related to your personal safety in the meeting?</li> </ol>	<p><b>Why do this?</b></p> <p>It is child welfare’s responsibility to ensure the meeting will be held safely, without placing anyone at risk of harm as a result of their full participation. In addition, it promotes open discussion of all issues of concern and increases the likelihood that the decision or plan will promote safety and well-being, and be sustainable.</p>

<p><b>Complete the Structured Decision Making Reunification Reassessment with the family</b></p>	<p><b>Turn to page 144 - 149 in the SDM Manual</b></p> <ul style="list-style-type: none"> <li>➤ Risk Level: <i>Very High</i></li> <li>➤ Safety Assessment: <i>Unsafe</i></li> <li>➤ Recommendation: <i>Terminate family reunification services; implement permanent alternative</i></li> </ul>	<p><b>Why do this?</b></p> <p>It is important to be transparent with the families and engage them in decision making in a collaborative way. This includes completion of SDM tools <b><i>with</i></b> the family to help them understand how our decisions are guided by evidence-based assessment tools.</p>
<p><b>Address grief and loss issues</b></p>	<p><b>Review the stages of grief and loss with the parents.</b></p> <p><b>Acknowledge their feelings and trauma.</b></p> <p><b><i>Kübler-Ross model of grief (the five stages of grief):</i></b></p> <ol style="list-style-type: none"> <li>1. <b>Denial:</b> "This can't be happening"</li> <li>2. <b>Anger:</b> "Why is this happening to me?"</li> <li>3. <b>Bargaining:</b> "I will do anything to change this."</li> <li>4. <b>Depression:</b> "What's the point of going on after this loss?"</li> <li>5. <b>Acceptance:</b> "It's going to be okay."</li> </ol> <p><b>Source:</b> Provided by <b>TherapistAid.com</b> © 2013</p>	<p><b>Develop a plan for support:</b></p> <p>Who is in the support network that can provide support to the family?</p>

## Case Consultation Guidelines

The following case consultation guidelines / suggestions are adapted from the field activity guide associated with the Monitoring and Adapting Block: “Collaborative Assessment, Planning and Support: Case Plan Update”

<b>Before the meeting / teaming activity</b>	
<b>Role</b>	<b>Guidelines</b>
<b>Supervisor</b>	<ul style="list-style-type: none"> <li>➤ Discuss with the social worker what may be needed prior to the meeting to feel prepared.</li> <li>➤ Utilizing a scaling question, have the social worker scale their comfort level and experience with developing a case plan with a family. Some follow up questions may include:               <ul style="list-style-type: none"> <li>○ What has gotten you to a _____?</li> <li>○ How have you prepared to facilitate a case plan update meeting with the family?</li> <li>○ What would it look like to move up one step on the scale?</li> <li>○ What would the social worker be able to demonstrate that shows they are prepared to develop a case plan update with the family?</li> </ul> </li> <li>➤ Discuss the family’s progress toward meeting the safety goal. Some considerations for discussion include, but are not limited to:               <ul style="list-style-type: none"> <li>○ Review applicable SDM Tools</li> <li>○ Review the previous case plan and progress toward:                   <ul style="list-style-type: none"> <li>▪ Behavior changes</li> <li>▪ Addressing underlying needs &amp; trauma</li> <li>▪ Active efforts-ICWA; continued ICWA inquiry especially as additional family &amp; safety network is identified</li> <li>▪ Reasonable efforts (incarcerated parents, due diligence searches regarding placement and moving toward permanency; family finding, efforts to reunify siblings; life skill development for ILP eligible youth)</li> <li>▪ Relative or NREFM placement (if applicable)</li> </ul> </li> <li>○ Legal timeframes/statutory timelines &amp; recommendations</li> <li>○ Update safety networks &amp; their commitment to family success during and after CWS involvement</li> <li>○ Reports and information from service providers and the members of the safety network regarding the family and child’s progress</li> <li>○ Continued self-assessment of social worker bias and identification/implementation of strategies to address bias</li> </ul> </li> </ul>
<b>Social Worker</b>	<ul style="list-style-type: none"> <li>➤ Reflect on personal bias that may impact the development of the case plan</li> <li>➤ Discuss where the meeting will take place: date/time/location (preferably the family’s home)</li> <li>➤ Have a conversation with the family and their identified safety network about:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Who will attend?</li> <li>○ What can they expect?</li> <li>○ What are any cultural considerations that the team should discuss or be aware of?</li> </ul> <p>➤ Discuss the family’s progress toward meeting the safety goal. Some considerations for discussion include, but are not limited to:</p> <ul style="list-style-type: none"> <li>○ Review applicable SDM Tools</li> <li>○ Review the previous case plan and progress toward: <ul style="list-style-type: none"> <li>▪ Behavior changes</li> <li>▪ Addressing underlying needs &amp; trauma</li> <li>▪ Active efforts-ICWA; continued ICWA inquiry especially as additional family &amp; safety network is identified</li> <li>▪ Reasonable efforts (incarcerated parents, due diligence searches regarding placement and moving toward permanency; family finding, efforts to reunify siblings; life skill development for ILP eligible youth)</li> <li>▪ Relative or NREFM placement (if applicable)</li> </ul> </li> <li>○ Legal timeframes/statutory timelines &amp; recommendations</li> <li>○ Update safety networks &amp; their commitment to family success during and after CWS involvement</li> <li>○ Reports and information from service providers and the members of the safety network regarding the family and child’s progress</li> <li>○ Continued self-assessment of social worker bias and identification/implementation of strategies to address bias</li> </ul>
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***During the meeting / teaming activity***

<b><i>Role</i></b>	<b><i>Guidelines</i></b>
<b>Supervisor</b>	<ul style="list-style-type: none"> <li>➤ Observe the social worker’s use of engagement skills, solution focused questions, appreciative inquiry, and strength-based language</li> <li>➤ Help to ensure that the language used is family friendly, understandable and culturally sensitive.</li> <li>➤ Help to reframe statements or clarify if needed.</li> <li>➤ Ensure the updated case plan objectives and services are related to the safety threat(s) and reason for the family’s involvement with child welfare services, with a focus on MSLC</li> <li>➤ Observe the social worker’s ability to: <ul style="list-style-type: none"> <li>○ Engage the family team around the initial case plan in the following areas: <ul style="list-style-type: none"> <li>▪ What were the worries?</li> <li>▪ What worked well?</li> <li>▪ What are the next steps?</li> <li>▪ Engage the family team in difficult conversations around any/all differences in the family and agency point of view on progress</li> </ul> </li> <li>○ Promote consensus building</li> <li>○ Facilitate dialogue which considers alternative solutions</li> <li>○ Explain current legal and/or agency status and timelines</li> <li>○ Elicit and honor the family’s voice and choice</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Work with the family team to create case plan adjustments which could include: <ul style="list-style-type: none"> <li>▪ S.M.A.R.T objectives</li> <li>▪ Safety network members and their roles including supporting long term safety</li> <li>▪ Services</li> </ul> </li> <li>○ Manage conflict which may arise</li> <li>○ Mitigate personal bias or other concerns previously identified or help to ensure those things do not impact the family</li> </ul>
<b>Social Worker</b>	<ul style="list-style-type: none"> <li>➤ Partner with family to identify safety/support network</li> <li>➤ Engage the family members (child, youth, parent/caregiver, tribe, safety network) in a conversation about the family's progress toward meeting the safety goal: <ul style="list-style-type: none"> <li>○ What's working well?</li> <li>○ What are they worried about?</li> <li>○ Are there any barriers to meeting the case plan goals?</li> </ul> </li> <li>➤ Review the family's progress toward case plan goals, which would include: <ul style="list-style-type: none"> <li>○ Behavior change for parents</li> <li>○ Behavior change for child</li> <li>○ Child safety</li> <li>○ SDM tools and risk re-assessment</li> <li>○ Visitation</li> <li>○ Permanency or concurrent plan</li> <li>○ Safety network <ul style="list-style-type: none"> <li>▪ Are they following through?</li> <li>▪ Any new members or did a previous member leave?</li> <li>▪ Are network members' commitments long-term or temporary?</li> </ul> </li> <li>○ Progress and challenges with services, highlighting areas of strength and growth for the family <ul style="list-style-type: none"> <li>▪ What steps have been taken by the parents to demonstrate acts of safety?</li> </ul> </li> <li>○ Anything that should be added or removed from the case plan?</li> </ul> </li> <li>➤ Check with the safety network about their willingness/confidence/capacity to continue being involved in the safety planning</li> <li>➤ During the facilitated meeting continually check in to ensure there is consensus and understanding about the plan.</li> <li>➤ Set new case plan goals with the team based on MSLC and the safety goal for the family.</li> <li>➤ Discuss the current legal and/or agency status. Review the minute order with the family.</li> <li>➤ Utilize strategies to defuse conflict if/when it arises</li> <li>➤ Ensure the voice and choice of the child, parent/caregiver, family and tribe</li> <li>➤ Allow time for questions the family/safety network may have</li> <li>➤ Set up a follow up meeting</li> </ul>

<b><i>After the meeting / teaming activity</i></b>	
<b><i>Role</i></b>	<b><i>Guidelines</i></b>
<b>Supervisor</b>	<ul style="list-style-type: none"> <li>➤ Discuss the meeting with the social worker. Some things to identify as part of the reflection on the practice include:               <ul style="list-style-type: none"> <li>○ What was the process of identifying new safety network members or making updates to the safety network?</li> <li>○ What are some of the engagement and assessment strategies used during the meeting?                   <ul style="list-style-type: none"> <li>• Have social worker self-evaluate what worked/what needed improvement and why</li> </ul> </li> <li>○ Do the case plan updates reflect the current underlying needs and long-term goals of the family?</li> </ul> </li> <li>➤ Discuss which SDM tools were completed and how this information was shared with the family and their safety network.</li> <li>➤ Provide feedback about what went well and suggestions to enhance practice.</li> <li>➤ Discuss and review the updated case plan which was developed</li> <li>➤ Discuss and provide feedback about the contact narrative               <ul style="list-style-type: none"> <li>○ Language/terminology used</li> <li>○ Accuracy</li> </ul> </li> <li>➤ Identify next steps: new service referrals, visitation schedule, additional contacts regarding safety network, reports from service providers and service providers.</li> <li>➤ Check in regarding when next court report is due and what is needed.</li> <li>➤ Close the feedback loop to ensure all team members are aware of the updated case plan.</li> </ul>
<b>Social Worker</b>	<ul style="list-style-type: none"> <li>➤ Reflect on some of the skills you used during the case planning meeting:               <ul style="list-style-type: none"> <li>○ Provide an example of a strength-based question(s) used in family meeting.</li> <li>○ Provide an example of a solution-focused question used in the family meeting.</li> <li>○ Provide an example of strategies and language used to help the family be engaged in the case plan update.</li> </ul> </li> <li>➤ Reflect on the meeting and think about:               <ul style="list-style-type: none"> <li>○ What worked well?</li> <li>○ What are some possible upgrades?</li> <li>○ Are there any next steps to support your learning and professional development?</li> </ul> </li> </ul>

## Safety Planning Tool – Case Consultation with Supervisor

*After reading the Polk/Hernandez vignette up to this current point, jot down the family's key issues, what's working well, challenges and next steps in preparation for case consultation with your supervisor. You can use this tool to guide the conversation and take additional notes during your consultation.*

Use these columns to sort the strengths within the family and identify which strengths are directly impacting the child (keeping the child safe)		Use these columns to sort your worries and identify which worries are directly impacting the child (harming the child)	
<b><i>What are some things that are working well in the family?</i></b>	<b><i>Protective Capacities that are currently keeping the child safe?</i></b>	<b><i>What are the things that worry you?</i></b>	<b><i>Which of these worries have actually impacted/harmed the child as a result of something the caregiver did or didn't do?</i></b>
<b><i>What needs to happen next, and by who?</i></b>  <b><i>What does SDM say? Cultural Considerations? Support Network?</i></b>			

## Family Team Meeting Agenda

The family team meeting agenda provides a problem-solving, solution-focused approach to decision making. The systemic problem-solving approach enables meeting participants to fully understand the situation and examine possible solutions while helping to ensure decisions are made without haste and/or personal bias.

The six stages of the meeting and the topics discussed in each are listed below:

<b><i>Stage</i></b>	<b><i>Description</i></b>
<b>Introductions</b>	<ul style="list-style-type: none"> <li>• Introduction of participants, roles and relationship to child/family/case</li> <li>• Group agreements for meeting</li> <li>• Teaming standards are presented</li> <li>• Concept of building on strengths</li> <li>• Rights, confidentiality and mandated reporting reviewed</li> <li>• Purpose and goal for the meeting</li> <li>• Questions before beginning</li> </ul>
<b>Exploring strengths/ what's working</b>	<ul style="list-style-type: none"> <li>• History of strengths/supports/protection</li> <li>• Current strengths/acts of protection</li> <li>• Family/youth voice</li> <li>• Services involved presently and utilized in the past – All existing assessments, case plans and treatment plans are available and discussed</li> <li>• Community, cultural or support network strengths and capacity</li> </ul>
<b>Exploring challenges/worries</b>	<ul style="list-style-type: none"> <li>• History of danger/risk and worries</li> <li>• Current danger/risk and worries</li> <li>• Family/youth voice</li> <li>• Challenges with services or supports in place relating to all existing assessment case or treatment plans</li> <li>• Community, cultural or support network challenges or gaps</li> </ul>
<b>Creating next steps</b>	<ul style="list-style-type: none"> <li>• Brainstorming ideas to address concern and provide safety and protection</li> <li>• Ensure everyone participates</li> <li>• Reach a decision</li> <li>• Scale the decision – ensure everyone has participated</li> <li>• Action plan developed using SMART goals</li> </ul>
<b>Closing and feedback</b>	<ul style="list-style-type: none"> <li>• Everyone knows who will do what by when</li> <li>• Ask participants: What worked well? What is still unclear or could go differently next time?</li> </ul>

## Safety Planning Tool – Teaming Activity Notes

Use these columns to sort the strengths within the family and identify which strengths are directly impacting the child (keeping the child safe)		Use these columns to sort your worries and identify which worries are directly impacting the child (harming the child)	
<i><b>What are some things that are working well in the family?</b></i>	<i><b>Protective Capacities that are currently keeping the child safe?</b></i>	<i><b>What are the things that worry you?</b></i>	<i><b>Which of these worries have actually impacted/harmed the child as a result of something the caregiver did or didn't do?</b></i>
<p><i><b>What needs to happen next, and by who?</b></i></p> <p><i><b>What does SDM say? Cultural Considerations? Support Network?</b></i></p>			

## Family Team Meeting - Observation Worksheet

**Observers:** Please jot down the strategies and skills you observed to address each aspect of the family team meeting:

OBSERVATION WORKSHEET	
Question	Trainee Notes
Did the meeting include a discussion about what the family, the safety network, and the agency see as working well (strengths) for the family? If yes, describe how this was done?	
Did the meeting include a discussion about what the family, the safety network, and the agency are worried about (concerns)? If yes, describe how this was done?	
Describe how SDM tools (Safety Assessment, Risk Assessment, Family Strengths and Needs Assessment, Reunification Reassessment) were talked about in the meeting.	
Describe how cultural humility, trauma informed practice and respectful use of authority were utilized by the worker in the meeting.	
Describe how the family's circle of support/safety network was engaged in the case planning process.	
Describe what it looked like when the youth, parent, family, and others in the meeting appeared to be engaged in the planning process.	
What changes were made to the case plan goal(s) and objectives? How do the changes to the case plan relate to the MSLC and the reason for removal?	
If you had to identify a "rock star" moment in the meeting, what would it be? What did the person do to make it a "rock star" moment? (A "rock star" moment is something that went really well. In this case, we would like you to identify something that someone in the meeting did which demonstrated best practice.)	
If you had to identify an opportunity for an "upgrade" during the meeting, what would it be? What are some of your thoughts about what could have been done differently?	
Overall, do you think the meeting goal was met? Why or why not?	

## Communication Skills for Effective Facilitation<sup>11</sup>

<b>Active Listening</b>	Trying to see the problem the way the speaker sees it. Requires entering actively and imaginatively into the other person's situation and trying to understand a frame of reference different than your own. (Reflective listening)
<b>Clarifying</b>	Interprets ideas or suggestions; Clears up confusion; Defines and explains terms, jargon, acronyms; Indicates alternatives and issues confronting the group. Example—"I don't understand. Did you say..."
<b>Collaborating</b>	Working together; assisting; "Let's see if we can work on this together."
<b>Confronting</b>	To push others to acknowledge problems, feelings, or behaviors, when other less directive interventions have failed to. It may increase resistance if not successful, difficult to use without an established and supportive relationship.
<b>Crediting</b>	Recognizing the contribution and efforts of a person. It is giving credit where credit is due and remembering to do it.
<b>Empathizing</b>	Entering the feeling or ideas of another; to put yourself in another's shoes.
<b>Encouraging</b>	Friendly, warm and responsive to others; Accepts others; Asks for responses, ideas, feelings of all participants. Example—"Tell us more..." "You were saying..." "Describe..." "Is there some other points of view on this subject?" "Is there something we haven't thought of?"
<b>Establishing Rapport</b>	Developing a relationship or connection with another person. Showing others that you are willing to listen; invites them to say what's on their mind. Example - Using the person's name.
<b>Harmonizing</b>	Attempts to reconcile disagreements and find areas of commonality; Gets people to explore their differences. "Sounds as if you have the same goal, but different ideas how to get there..."
<b>Interpreting Verbal Statements</b>	Exploring and clarifying statements so that the meaning is understood.

<sup>11</sup> Adapted from *Skill and Awareness Development for TDM Facilitation*, retrieved from:

<https://humanservices.ucdavis.edu/sites/default/files/TDM%20for%20Facilitators%20Training%20Handouts%20April%202011.doc>

<b>Interpreting Nonverbal Cues</b>	Translating the non-spoken messages, provided by body language and paralanguage—the inflections and other vocal and gestural nuances added to language to convey meaning. Body language includes facial expressions; eye contact and movement; head, arm, and hand movements; and body postures and shifts. Whether automatic or learned, body language can corroborate or contradict what a person says or doesn't say in words.
<b>Linking</b>	Joining parts together to assist in making connections and build understanding. "Sounds like your thoughts/ideas are similar to what X had to say."
<b>Negotiating</b>	Discussing to build agreement, asking for what you want and listening to the other person. Secret of successful negotiating is listening.
<b>Paraphrasing</b>	To check communication accuracy between speaker and listener. Saying back to the speaker, in your own words, your understanding of what that person has said, to make sure you understand the content and meaning of the message you heard. "If I understand correctly, you are saying..."
<b>Reality Testing</b>	Checking if the idea is sound and can be implemented. Is it viable?
<b>Reflecting/Mirroring</b>	Sharing or repeating what you heard or saw. From time to time, the facilitator comments on either the content or the process of the meeting and asks the group to respond. "I notice that we're only talking about foster care placement; is there any other option?" (content focus); or "We agreed to hear everyone out, and there seems to be a lot of interrupting going on? How is this affecting participation?" (process focus)
<b>Relieving Tension</b>	Alleviating or lessening the level of emotional stress or anxiety. "There are a lot of strong feelings being expressed. Maybe we all need to take a deep breath for just a moment."
<b>Silence</b>	Powerful quiet. Ask a question, pause, wait, say nothing.
<b>Strength-based Interviewing</b>	Respectfully questioning to allow families to recognize and be recognized for their strengths. Involves listening, observing, complimenting, encouraging, asking, and talking about successes.
<b>Summarizing</b>	Pulls together related ideas; May assist with keeping discussion on track. Helps to concisely organize information. Restates suggestions/ideas after the group has discussed them. Example—"Let me see if I understand you correctly. So far, you said that..."
<b>Supporting</b>	Assisting or aiding either verbally and/or non-verbally, nodding head, saying "Ok," "Thanks," "That's a great idea," etc.

## Personal Learning Plan

1. Some questions I still have about managing the plan and supporting safety, stability and well-being for children in out-of-home placement are.....
2. I can find more information about managing the plan at my agency by.....
3. As a result of this training I will.....
4. My key takeaway from this training is.....

## References/Bibliography

- Academy for Professional Excellence. (2015). *Child Family Team Meetings*. Retrieved from <https://www.youtube.com/watch?v=GEEEdzhel50>
- Berg, I.K., & Kelly, S. (2000). *Building Solutions in Child Protective Services*. New York: Norton.
- Berg, I.K., & De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391
- Berg, I.K., & Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.
- Berg, I.K., & de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton.
- California Social Work Education Center. (2017). *Managing the Plan: Supporting Safety, Permanency, and Well-Being. Training Version 3.1*. Berkeley, CA: Regents of the University of California.
- California Social Work Education Center. (2017). *Teaming, Collaboration and Transparency. Training Version 3.1*. Berkeley, CA: Regents of the University of California.
- Florida's Center for Child Welfare (2012). *Ongoing Assessment and Permanency*. Florida Department of Children and Families. Retrieved April 2016 from: <http://centerforchildwelfare.fmhi.usf.edu/preservice/FLTrainingCurr.shtml>
- Mouch, M., and Rideout, Pat. (2011). *Skill and Awareness Development for TDM Facilitation*. (Rev. April 2011 by Biehle, K., and Johnson, S.N.). Annie E. Casey Foundation. Retrieved May 2017 from <https://humanservices.ucdavis.edu/sites/default/files/TDM%20for%20Facilitators%20Training%20Handouts%20April%202011.doc>
- The Therapist Aid. (2017). *Five Stages of Grief: The Kubler-Ross Model. Grief Psychoeducation*. Retrieved May 2017 from <http://www.therapistaid.com/therapy-guide/grief-psychoeducation-guide/grief/none#kubler-ross>
- Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved* 9(2), 117-125. The Johns Hopkins University Press.